



11-21-05

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PTO/SB/21 (09-04)

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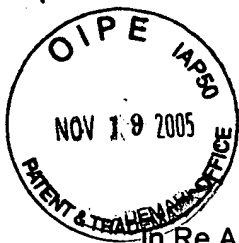
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/645,820
	Filing Date	AUG. 18, 2003
	First Named Inventor	PRATHER
	Art Unit	3618
	Examiner Name	SWENSON
	Attorney Docket Number	MW 015
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Terrell P. Lewis	
Signature	Terrell P. Lewis	
Printed name		
Date	Nov. 19, 2005	Reg. No. 29,227

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	see attached certificate under 37 CFR 1.1
Typed or printed name	Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No. MW015

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: PRATHER ET AL.

Attorney Docket No. MW015

Application Number: 10/645,820

Examiner: B. Swenson

Filed: August 18, 2003

Art Unit: 3618

For: ENHANCED SHOPPING CART WITH LOWERED CENTER  
OF GRAVITY AND FRAME THEREFOR

CERTIFICATE OF MAILING PURSUANT TO 37 CFR 1.10

EXPRESS MAIL Post Office to Addressee Label No. ED714506493US

Date of deposit in US Postal Service: NOVEMBER 19, 2005

Sir:

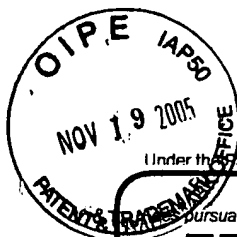
I hereby certify that the following documents are being deposited on the date indicated above with the United States Postal Service in accordance with 37 CFR 1.10 in an envelope bearing an "Express Mail Post Office to Addressee" Label, Label No. ED714506493US addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

1. ELECTION OF SPECIES
2. TRANSMITTAL FORM
3. FEE TRANSMITTAL FOR FY 2005 with \$60.00 check
4. Pre-addressed, postage pre-paid postcard on which official stamp of the US Patent and Trademark Office is to be placed to show receipt of these documents.

Respectfully submitted on behalf of applicants,

Terrell P. Lewis  
Registration No. 29,227

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **60.00**

## Complete If Known

Application Number	101645, 820
Filing Date	AUGUST 18, 2005
First Named Inventor	PRATHER
Examiner Name	SWANSON
Art Unit	3618
Attorney Docket No.	MW 015

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_ Fees Paid (\$) \_\_\_\_\_  
Other (e.g., late filing surcharge): 1 no. extension of time fee \$60

### SUBMITTED BY

Signature	<u>TORRELL P. LEWIS</u>	Registration No. (Attorney/Agent)	<u>29227</u>	Telephone	<u>310-465-0500</u>
Name (Print/Type)	<u>TORRELL P. LEWIS</u>	Date	<u>11/19/05</u>		

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